

coccus aureus, and *Candida albicans*. The group plans to test dermcidin against various viruses to see if it also has antiviral activity.

Deborah Josefson *San Francisco*

Public supports preimplantation genetic diagnosis for couples at risk

A report published last week shows public support for the use of genetic testing on embryos in couples at risk of having a baby with a serious genetic disorder.

The document reports the results of a questionnaire survey, commissioned in 1999 by the Human Fertilisation and Embryology Authority and the Human Genetics Commission, of 124 individuals and 47 organisations.

Over 70% of the individuals were in favour of preimplantation genetic diagnosis, but a closer examination of the figures shows a distinct variation between certain groups. All 42 people who indicated a "clinical" background considered preimplantation genetic diagnosis acceptable, compared with 60% of the 20 people who indicated "some experience of disability."

Five centres across the United Kingdom have been carrying out such diagnoses since 1990. Embryos are screened for genetic conditions such as Duchenne's muscular dystrophy, β thalassaemia, haemophilia, cystic fibrosis, sickle cell anaemia, and other rarer genetic disorders. (See p 1240.)

Alex Vass *BMJ*

Consultation Report on Preimplantation Genetic Diagnosis is available on www.hfea.gov.uk

Europe set to tighten rules on breast implants

The European Commission is proposing tighter controls on the safety of breast implants.

Its move comes in response to a lengthy campaign by women's groups and as part of an initiative to improve quality of service, information provision,

and post-surgical follow up. The commission is recommending that governments of European Union states introduce legislation that would require anyone performing implant surgery to provide comprehensive information to the patient beforehand.

The plans foresee the introduction of national registers that would contain details of every implant operation carried out in the European Union.

Rory Watson *Brussels*

HIV positive health worker wins injunction to preserve anonymity

An NHS specialist who is HIV positive has won an injunction that could mean his employing health authority is prevented from contacting his patients to inform them that they might have been exposed to the virus.

The unidentified worker, known only as H, claimed that any "look-back" exercise would threaten his anonymity and thus his privacy. He pointed out that no similar exercise in Britain involving HIV or AIDS had ever uncovered a patient infected by a health worker. Although such exercises do not usually name the worker, it is often possible for patients to work out who he or she is.

London solicitors Clyde and Co won the injunction at the weekend to stop the *Mail on Sunday* naming H or identifying his specialty. The newspaper said that he worked in a specialty that "involves the routine wearing of rubber gloves to prevent infections such as AIDS from being passed on."

Although H is obliged to hand over the records of his NHS patients, the paper said that he has refused to consent to their being used to inform patients of the situation and will not hand over the records of his private patients. The case will go to the High Court for a full hearing, which could determine health authorities' actions in similar future cases.

Jane Seymour *London*

Excess winter deaths linked to temperatures in cold homes

Annabel Ferriman *BMJ*

The lives of several thousand people in the United Kingdom each year could probably be saved by improvements in the insulation and heating of their homes, a new study by researchers at the London School of Hygiene and Tropical Medicine has suggested.

Paul Wilkinson, senior lecturer in environmental epidemiology in the school's department of public health and policy, said that improving the energy efficiency of the country's housing stock has the potential to achieve "significant public health benefits, including reduction in winter deaths."

The report has provided the first link between excess deaths in winter and low indoor temperatures. It showed that housing that is older and so intrinsically more draughty and less well insulated than more modern housing is more strongly associated with excess winter deaths, particularly among elderly people.

It has been known for some time that the United Kingdom has an estimated 50 000 excess deaths in winter. Most of the deaths are from heart attacks, strokes, and respiratory infections. But researchers have not previously tried to calculate whether these deaths are related to home temperatures, outdoor temperatures, or temperatures at work.

The researchers worked out the geographical distribution of excess deaths on cold days

according to postcode and then tried to relate this information to data about the relative warmth of the housing in those areas.

To discover the warmth of housing in different areas, the researchers used results from the English house condition survey from 1991. For this survey, the researchers had visited a sample of English homes and gathered data on their inhabitants and the state of housing. In addition, they had measured indoor temperatures in a sample of the homes visited.

"We ended up with bands of housing across the country, which we classified as cold housing, warm housing, and housing that was somewhere between the two," Dr Wilkinson said.

Dr Wilkinson's team, whose work was financed by the Joseph Rowntree Foundation, then tried to link the two sets of data by using postcodes.

They discovered that the amount of seasonal fluctuation was much larger in people living in the coldest homes than it was for people living in the warmest homes. The risk of death relative to the summer minimum was about 1.5:1.00 in the coldest homes and about 1.3:1.00 in the warmest homes. □

Cold Comfort: The Social and Environmental Determinants of Excess Winter Deaths in England, 1986-96 is available from Marston Book Services, PO Box 269, Abingdon OX14 4YN (tel 01235 465500), price £10.95.

